Wage and Hour Division

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Rev. Dec. 2008 OR SUBCONTRACTOR 🗸 NAME OF CONTRACTOR 450 S. Federal Street OMB No.: 1235-0008 Expires: 02/28/2018 Chicago, IL 60605 Crowne Industries, Ltd. PROJECT OR CONTRACT NO. PROJECT AND LOCATION PAYROLL NO. FOR WEEK ENDING 450 UST Removal & Disposal 1 04/10/2021 Contract: 47PF0020F0766 Job #: 188-20 450 South Federal Street, Chicago, IL 60605 (1) (3) (4) DAY AND DATE (5) (6) (7)(8) DEDUCTIONS NO. OF WITHHOLDING EXEMPTIONS F S M T W TH Sa NFT NAME AND INDIVIDUAL IDENTIFYING NUMBER **GROSS** WAGES 4/4 4/5 4/6 4/7 4/8 4/9 4/10 State Medicare (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY WORK TOTAL RATE AMOUNT HOLDING TOTAL PAID DEDUCTIONS NUMBER) OF WORKER CLASSIFICATION HOURS WORKED EACH DAY HOURS OF PAY **EARNED** FICA TAX OTHER FOR WEEK Laborer \$44.40 2 0 66.60 \$355.20 8.00 8.00 \$44.40 Laborer \$22.02 1 \$17.58 \$5.15 \$44.75 \$310.45 66.60 Laborer \$44.40 0 66.60 Journeyman Pipe \$50.75 Fitter 0 76.13 \$406.00 Journeyman Pipe 8.00 8.00 \$50.75 0 Fitter \$25.17 \$20.10 \$5.89 \$51.16 \$354.84 76.13 Journeyman Pipe \$50.75 Fitter 0 76.13 Journeyman Pipe \$50.75 Fitter 0

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

Date4.13.2021		(b) WHERE EDINGE DENERITE ARE DAID	IN CASH					
(b) (6)	Office Admin	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH						
(Name of Signatory Party)	(Title)		 Each laborer or mechanic listed in the above referenced payroll has been paid 					
	(Title)		II, an amount not less than the sum of the applicable us the amount of the required fringe benefits as listed					
do hereby state:			noted in section 4(c) below.					
(1) That I pay or supervise the payment of the per-	sons employed by	(c) EXCEPTIONS						
Crowne Industri	es, Ltd. on the	(c) EXCEPTIONS						
(Contractor or Subcon		EXCEPTION (CRAFT)	EXPLANATION					
	; that during the payroll period commencing on the							
(Building or Work)								
4 day of April , 2021, and end	ing the 10 day of April, 2021,							
all persons employed on said project have been paid the been or will be made either directly or indirectly to or on								
Crowne Industries	s, Ltd. from the full							
(Contractor or Subco								
weekly wages earned by any person and that no deduc								
from the full wages earned by any person, other than pe 3 (29 C.F.R. Subtitle A), issued by the Secretary of Lab	ermissible deductions as defined in Regulations, Part or under the Copeland Act, as amended (48 Stat. 948,							
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 31	45), and described below:							
		REMARKS:						
(2) That any payrolls otherwise under this contract	t required to be submitted for the above period are							
correct and complete; that the wage rates for laborers of	or mechanics contained therein are not less than the							
applicable wage rates contained in any wage determina set forth therein for each laborer or mechanic conform v		ns						
	·							
(3) That any apprentices employed in the above pe program registered with a State apprenticeship agency	riod are duly registered in a bona fide apprenticeship							
Training, United States Department of Labor, or if no su	ich recognized agency exists in a State, are registered							
with the Bureau of Apprenticeship and Training, United	States Department of Labor.							
(4) That:			1					
(a) WHERE FRINGE BENEFITS ARE PAID T	O APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE	(b) (6)					
_ in addition to the basic bourty w	age rates paid to each laborer or mechanic listed in	(n) (o)	(D)(O)					
the above referenced payroll, pa	ayments of fringe benefits as listed in the contract	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE						
have been or will be made to app except as noted in section 4(c) b	propriate programs for the benefit of such employees,	SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTIO 31 OF THE UNITED STATES CODE.	N, SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITE					
except as noted in section 4(c) be								

Wage and Hour Division

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Rev. Dec. 2008 OR SUBCONTRACTOR 🗸 NAME OF CONTRACTOR 450 S. Federal Street OMB No.: 1235-0008 Expires: 02/28/2018 Chicago, IL 60605 Crowne Industries, Ltd. PROJECT OR CONTRACT NO. PROJECT AND LOCATION PAYROLL NO. FOR WEEK ENDING 450 UST Removal & Disposal 2 04/17/2021 Contract: 47PF0020F0766 Job #: 188-20 450 South Federal Street, Chicago, IL 60605 (1) (3) (4) DAY AND DATE (5) (6) (7)(8) DEDUCTIONS NO. OF WITHHOLDING EXEMPTIONS F S M T W TH Sa NFT NAME AND INDIVIDUAL IDENTIFYING NUMBER **GROSS** WAGES 4/11 4/12 4/13 4/14 4/15 4/16 4/17 State Medicare (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY WORK TOTAL RATE AMOUNT HOLDING TOTAL PAID DEDUCTIONS NUMBER) OF WORKER CLASSIFICATION HOURS WORKED EACH DAY HOURS OF PAY **EARNED** FICA TAX OTHER FOR WEEK Laborer \$44.40 2 66.60 \$1,653.90 8.00 8.00 8.00 32.00 \$44.40 Laborer \$102.54 1 \$81.87 \$23.98 \$208.39 \$1,445.51 0.50 3.50 66.60 1.50 1.50 Laborer \$44.40 0 66.60 Journeyman Pipe \$50.75 Fitter 0 76.13 \$1,890.46 Journeyman Pipe 8.00 8.00 8.00 8.00 32.00 \$50.75 0 Fitter \$117.21 \$93.58 \$27.41 \$238.20 \$1,652.26 0.50 1.50 1.50 3.50 76.13 \$1,738.20 8.00 8.00 32.0 \$50.75 Journeyman Pipe 8.00 8.00 Fitter \$25.20 0 \$107.77 \$86.04 \$219.01 \$1,519.19 1.50 0.50 0.50 76.13 Journeyman Pipe \$50.75 Fitter 0 76.13

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

Date 5.24.2021		(b) WHERE FRINGE BENEFITS ARE I	PAID IN CASH			
(b) (6)	Office Admin	☐ — Each laborer or mechanic listed in the above referenced payroll has been pa				
(Name of Signatory Party) do hereby state:	(Title)	basic hourly wage rat	ayroll, an amount not less than the sum of the applicable te plus the amount of the required fringe benefits as listed at as noted in section 4(c) below.			
(1) That I pay or supervise the payment of the payment	ersons employed by	in the contract, excep	ot as noted in section 4(c) below.			
Crowne Indust	ries Itd	(c) EXCEPTIONS				
(Contractor or Subco	on the	EXCEPTION (CRAFT)	EXPLANATION			
AFO O Fodovol	; that during the payroll period commencing on the	Exect field (electric)	EXI DAIATION			
(Building or Work)	, that during the payroll period commencing on the					
	nding the17 day of April, _2021_,					
all persons employed on said project have been paid been or will be made either directly or indirectly to or or	he full weekly wages earned, that no rebates have					
Crowne Industri	es, Ltd. from the full					
(Contractor or Sub-						
weekly wages earned by any person and that no ded						
	permissible deductions as defined in Regulations, Part bor under the Copeland Act, as amended (48 Stat. 948, 145), and described below:					
		REMARKS:				
correct and complete; that the wage rates for laborers	act required to be submitted for the above period are sor mechanics contained therein are not less than the nation incorporated into the contract; that the classifications with the work he performed.					
program registered with a State apprenticeship agenc	such recognized agency exists in a State, are registered					
(4) That:	TO ADDDOVED DI ANIC FUNDO OD DDOGDANO	NAME AND TITLE	SIGNATURE			
` '	TO APPROVED PLANS, FUNDS, OR PROGRAMS	(b) (6)	(6) (6)			
 in addition to the basic hourly 	wage rates paid to each laborer or mechanic listed in		(D) (O)			
the above referenced payroll,	payments of fringe benefits as listed in the contract oppopriate programs for the benefit of such employees,		OVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR CUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE			

PAYROLL



Wage and Hour Division

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Rev. Dec. 2008 OR SUBCONTRACTOR 🗸 NAME OF CONTRACTOR 450 S. Federal Street OMB No.: 1235-0008 Expires: 02/28/2018 Chicago, IL 60605 Crowne Industries, Ltd. PROJECT OR CONTRACT NO. PROJECT AND LOCATION PAYROLL NO. FOR WEEK ENDING 450 UST Removal & Disposal 3 - NO WORK 04/24/2021 Contract: 47PF0020F0766 Job #: 188-20 450 South Federal Street, Chicago, IL 60605 (1) (3) (4) DAY AND DATE (5) (6) (7)(8) DEDUCTIONS NO. OF WITHHOLDING EXEMPTIONS F S M T W TH Sa NET NAME AND INDIVIDUAL IDENTIFYING NUMBER **GROSS** WAGES 4/18 4/19 4/20 4/21 4/22 4/23 4/24 State Medicare (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY WORK TOTAL RATE AMOUNT HOLDING TOTAL PAID DEDUCTIONS NUMBER) OF WORKER CLASSIFICATION HOURS WORKED EACH DAY HOURS OF PAY **EARNED** FICA TAX OTHER FOR WEEK Laborer \$44.40 2 66.60 \$44.40 Laborer 1 66.60 Laborer \$44.40 0 66.60 Journeyman Pipe \$50.75 Fitter 0 76.13 Journeyman Pipe \$50.75 0 Fitter 76.13 Journeyman Pipe \$50.75 Fitter 0 76.13 Journeyman Pipe \$50.75 Fitter 0

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

I, (Name of Signatory Party) do hereby state: (1) That I pay or supervise the payment of the persons employed by	Office Admin (Title)	as indicated on the payroll basic hourly wage rate plus	 Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below. 		
Crowne Industries, Ltd. (Contractor or Subcontractor) 450 S. Federal	on the	EXCEPTION (CRAFT)	EXPLANATION		
(Building or Work)	ne payroll period commencing on the day of April 2021,				
all persons employed on said project have been paid the full weekly was been or will be made either directly or indirectly to or on behalf of said	ges earned, that no rebates have				
Crowne Industries, Ltd. (Contractor or Subcontractor)	from the full				
weekly wages earned by any person and that no deductions have been from the full wages earned by any person, other than permissible deduct 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Cor 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and describ	ctions as defined in Regulations, Part peland Act, as amended (48 Stat, 948,				
(2) That any payrolls otherwise under this contract required to be a correct and complete; that the wage rates for laborers or mechanics complicable wage rates contained in any wage determination incorporated set forth therein for each laborer or mechanic conform with the work here. (3) That any apprentices employed in the above period are duly regular program registered with a State apprenticeship agency recognized by the Training, United States Department of Labor, or if no such recognized as with the Bureau of Apprenticeship and Training, United States Department (4) That:	Intained therein are not less than the dinto the contract; that the classifications performed. Instered in a bona fide apprenticeship and legency exists in a State, are registered	REMARKS:			
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED IT in addition to the basic hourly wage rates paid to the above referenced payroll, payments of fring have been or will be made to appropriate program	o each laborer or mechanic listed in	NAME AND TITLE (b) (6) THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE S SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION 31 OF THE UNITED STATES CODE.	SIGNATURE (b) (6) TATEMENTS MAY SUBJECT THE CONTRACTOR OR IN SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE		

except as noted in section 4(c) below.

Wage and Hour Division

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payorolls to the Federal agency contracting for or financing the construction project, accompanied by a signatorial required indicating that the payore Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

Date 5.24.2021			/b) WHERE EDI	NOT DENETITE ARE DAID IN	104011
(b) (6)	Office Admin		(D) WHERE FRI	NGE BENEFITS ARE PAID IN	CASH
l,(D) (O)	Office Admin		-	Each laborer or mechanic lis	ted in the above referenced payroll has been paid,
(Name of Signatory Party)	(Title)		_	as indicated on the payroll, a	an amount not less than the sum of the applicable
do hereby state:				in the contract, except as no	the amount of the required fringe benefits as listed ted in section 4(c) below.
(1) That I pay or supervise the payment of the pe	rsons employed by			•	(6) #21011
Crowne Industr	ies. Ltd.		(c) EXCEPTION	S	
(Contractor or Subco	-	on the	EXCER	PTION (CRAFT)	EXPLANATION
450 O. Fodorol	; that during the payroll period comme	onoing on the	LAGE	How (order 1)	EXPENSATION
(Building or Work)	, that during the payroll period comme	ending on the			
	_{ding the} 1 _{day of} May	2021			
all persons employed on said project have been paid the been or will be made either directly or indirectly to or or	ne full weekly wages earned, that no re	bates have			
Crowne Industrie		from the full			
(Contractor or Subc	ontractor)				
weekly wages earned by any person and that no dedu	ictions have been made either directly or	indirectly			
from the full wages earned by any person, other than permissible deductions as defined in Reg 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:		ulations, Part			
			DEMARKS		
			REMARKS:		
(2) That any payrolls otherwise under this contractorrect and complete; that the wage rates for laborers applicable wage rates contained in any wage determined to the therein for each laborer or mechanic conforms	or mechanics contained therein are not ation incorporated into the contract; that	ess than the			
(3) That any apprentices employed in the above program registered with a State apprenticeship agency Training, United States Department of Labor, or if no s with the Bureau of Apprenticeship and Training, United	recognized by the Bureau of Apprentice uch recognized agency exists in a State,	ship and			
(4) That:					·
(a) WHERE FRINGE BENEFITS ARE PAID	TO APPROVED PLANS, FUNDS, OR P	ROGRAMS	NAME AND TITLE		SIGNATURE
in addition to the basis basis to	ware rates usid to each labour as search	ania liatad in	(b) (0)		(b) (6)
In addition to the basic hourly we the above referenced payroll in the basic hourly was above.	wage rates paid to each laborer or mech payments of fringe benefits as listed in	the contract	THE WILLEUL FALSIFIC	ATION OF ANY OF THE AROVE STA	ATEMENTS MAY SUBJECT THE CONTRACTOR OR
have been or will be made to ap except as noted in section 4(c) is	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.				

Wage and Hour Division

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Rev. Dec. 2008 OR SUBCONTRACTOR 🗸 NAME OF CONTRACTOR 450 S. Federal Street OMB No.: 1235-0008 Expires: 02/28/2018 Chicago, IL 60605 Crowne Industries, Ltd. PROJECT OR CONTRACT NO. PROJECT AND LOCATION PAYROLL NO. FOR WEEK ENDING 450 UST Removal & Disposal 5 05/08/2021 Contract: 47PF0020F0766 Job #: 188-20 450 South Federal Street, Chicago, IL 60605 (1) (3) (4) DAY AND DATE (5) (6) (7)(8) DEDUCTIONS NO. OF WITHHOLDING EXEMPTIONS F S M T W TH Sa NFT NAME AND INDIVIDUAL IDENTIFYING NUMBER **GROSS** WAGES 5/2 5/3 5/4 5/5 5/6 5/7 5/8 State Medicare (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY WORK TOTAL RATE AMOUNT HOLDING TOTAL PAID DEDUCTIONS NUMBER) OF WORKER CLASSIFICATION HOURS WORKED EACH DAY HOURS OF PAY **EARNED** FICA TAX OTHER FOR WEEK Laborer \$44.40 2 0 66.60 \$1,232.10 8.00 8.00 8.00 24.00 \$44.40 Laborer 1 \$87.32 \$69.71 \$20.42 \$177.45 \$1,054.65 1.50 2.50 66.60 1.00 Laborer \$44.40 0 \$0.00 66.60 Journeyman Pipe \$50.75 Fitter 0 76.13 \$1,408.33 Journeyman Pipe 8.00 8.00 8.00 24.00 \$50.75 0 Fitter \$76.39 \$60.99 \$17.87 \$155.25 \$1,253.08 1.50 1.00 2.50 76.13 Journeyman Pipe \$50.75 Fitter 0

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

76.13

76.13

\$50.75

Public Burden Statement

Journeyman Pipe

Fitter

0

Date5.24.2021		/b) WHERE ERI	INGE RENEEITS ARE DAID IN	LCASH			
(b) (6)	(b) (6) Office Admin		(b) WHERE FRINGE BENEFITS ARE PAID IN CASH — Each laborer or mechanic listed in the above referenced payroll has been paid				
(Name of Signatory Party)	(Title)	_	as indicated on the payroll, a	an amount not less than the sum of the applicable			
do hereby state:			in the contract, except as no	the amount of the required fringe benefits as listed ted in section 4(c) below.			
(1) That I pay or supervise the payment of the pers	sons employed by			(,,			
Crowne Industri	es, Ltd.	(c) EXCEPT I ON	18				
(Contractor or Subcon			PTION (CRAFT)	EXPLANATION			
450 S. Federal	; that during the payroll period commencing or	I	` ′				
(Building or Work)	_						
2 day of May, _2021 , and end	ing the8 day ofMay, _20	21_,					
all persons employed on said project have been paid the been or will be made either directly or indirectly to or on		ve					
Crowne Industries	s, Ltd.	he full					
(Contractor or Subco							
weekly wages earned by any person and that no deduc							
from the full wages earned by any person, other than pe 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labo	or under the Copeland Act, as amended (48 Sta						
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 31	45), and described below:						
		_					
		_					
		-					
		REMARKS:					
(2) That any payrolls otherwise under this contract correct and complete; that the wage rates for laborers capplicable wage rates contained in any wage determinated forth therein for each laborer or mechanic conform wages.	or mechanics contained therein are not less tha tion incorporated into the contract; that the class	n the					
set forth therein for each laborer of mechanic comorni v	will the work he performed.						
(3) That any apprentices employed in the above per program registered with a State apprenticeship agency training, United States Department of Labor, or if no su with the Bureau of Apprenticeship and Training, United St	recognized by the Bureau of Apprenticeship and ch recognized agency exists in a State, are regi	ı '					
(4) That:							
()	O APPROVED PLANS, FUNDS, OR PROGRAI	MS NAME AND TITLE		SIGNATURE			
	age rates paid to each laborer or mechanic list	(D) (O)		(D) (b)			
 in addition to the basic hours was 	age rates paid to each laborer or mechanic list ayments of fringe benefits as listed in the con		CATION OF ANY OF THE ABOVE ST/	ATEMENTS MAY SUBJECT THE CONTRACTOR OR			
	ropriate programs for the benefit of such employ		IVIL OR CRIMINAL PROSECUTION.	SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TIT			

Wage and Hour Division

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

NAME OF CONTRACTOR OR SUBCONTRACTOR Crowne Industries, Ltd.						ADDRESS 450 S. Federal Street Chicago, IL 60605							OMB No. Expires:	: 1235-0008 02/28/2018					
PAYROLL NO. 6 Final). FOR WEEK ENDING						PROJECT AND LOCATION 450 UST Removal & Disposal 450 South Federal Street, Chicago, IL 60605 PROJECT OR CONTRACT NO. Contract: 47PF0020F0766 Job #: 188						#: 188-20						
(1)	(2) SNOL	(3)	(3) (4) DAY AND DATE		(5) (6) (7)		(8) DEDUCTIONS					(9) NET							
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	OT.0		10 5/1 JRS W	1 5/12 ORKE	4-11	5/14 CH DA	5/15 Y	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	State	Medicare	OTHER	TOTAL DEDUCTIONS	WAGES PAID FOR WEEK
(b) (6)	2	Laborer	s o		+	ļ.					\$44.40				,				
	1	Laborer	s	1.0	00 8.0			4.00		31.00	\$44.40	\$1,609.50	\$99.79		\$79.67	\$23.34		\$202.80	\$1,406.70
	0	Laborer	s								\$44.40 66.60								
	0	Journeyman Pipe Fitter	s								\$50.75 76.13			2					
	0	Journeyman Pipe Fitter	s	8.0	00 8.0		2000			27.00		\$1,636.71	\$101.47		\$81.02	\$23.73		\$206.22	\$1,430.49
	0	Journeyman Pipe Fitter	s								\$50.75 76.13								
	0	Journeyman Pipe Fitter	s								\$50.75 76.13								
			s				F								,				

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DolL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payerolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payerolla to the proper Davis-Bacon prevailing wage rate for the work performed, DOL and federal contracting agencies receiving this information review the info

Public Burden Statement

Date 5.24.2021			/b) WHERE EDINGE	DENEEITS ADE DAID IN	I CASH			
(b) (6)	(b) (6) Office Admin			(b) WHERE FRINGE BENEFITS ARE PAID IN CASH				
I, (Name of Cimpotony Boots)			 Each laborer or mechanic listed in the above referenced payroll has been paid, 					
(Name of Signatory Party)	(Title)				an amount not less than the sum of the applicable			
do hereby state:				sic nouny wage rate plus t the contract, except as no	the amount of the required fringe benefits as listed ted in section 4(c) below.			
(1) That I pay or supervise the payment of the p	persons employed by			,	(.,			
Crowne Indus	stries, Ltd.	an tha	(c) EXCEPTIONS		<u> </u>			
(Contractor or Subo	contractor)	on the	EXCEPT I ON	N (CRAFT)	EXPLANATION			
450 S. Federal	; that during the payroll period comn	nencing on the						
(Building or Work)								
9 _{day of} May 2021 and e	ending the15 _ day of May	2021						
all persons employed on said project have been paid been or will be made either directly or indirectly to or	the full weekly wages earned, that no n	ebates have						
Crowne Industr	ies, Ltd.	from the full						
(Contractor or Sub	ocontractor)							
weekly wages earned by any person and that no de	ductions have been made either directly o	or indirectly						
from the full wages earned by any person, other than 3 (29 C.F.R. Subtitle A), issued by the Secretary of L	abor under the Copeland Act, as amende							
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. §	3145), and described below:							
		í	REMARKS:					
(2) That any navgalla athennias under this century	and required to be authoritted for the about	a nariad ara						
(2) That any payrolls otherwise under this control correct and complete; that the wage rates for labore								
applicable wage rates contained in any wage determine		t the classifications						
set forth therein for each laborer or mechanic conform	m with the work he performed.							
(3) That any apprentices employed in the above								
program registered with a State apprenticeship agen Training, United States Department of Labor, or if no								
with the Bureau of Apprenticeship and Training, Unite		s, are registered						
(A) That	, , , , , , , , , , , , , , , , , , , ,							
(4) That: (a) WHERE FRINGE BENEFITS ARE PAII	D TO APPROVED PLANS, FUNDS, OR I	PROGRAMS	NAME AND TITLE		SIGNATURE			
• •			(b) (6)		(b) (6)			
	wage rates paid to each laborer or med				ANOTHER HARDING AS A			
	, payments of fringe benefits as listed in		THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR					
have been or will be made to a except as noted in section 4(c	cn employees,	SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.						